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# Geriatrics



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Version 5.1

Corrected, Updated, Lighter

**PLAB 1 Keys is for PLAB-1 and UKMLA-AKT (Based on the New MLA Content-Map)**

**With the Most Recent Recalls and the UK Guidelines**

Key 1

## Important Definitions

### Compos Mentis

Having full control of one's mind = sane. Thus, able to make self-decisions and able to consent.

### Lasting Power of Attorney (LPA)

A legal document that appoints an individual to make decisions on a patient's behalf regarding health and financial affairs.

Lasting Power of Attorney has 2 types:

- ✓ Health and Welfare.
- ✓ Property and Financial affairs.

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**Advance Directive** = a **living will**

**A legal document in which a patient writes the treatments/ the procedures that he/she does not want to receive if they become unable to make decisions.**

Example:

Jehovah's witnesses usually have advance directive that states that they do not want to receive blood products.

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**DS 1500**

**A document that has medical facts of a patient with terminal illness who is expected to die within 6 months. It allows the patient to claim certain benefits from the government.**

**Scenario:**

An old patient is currently Compos Mentis. She is afraid that she becomes non-compos mentis in the future; thus, she wants to appoint her niece to make decisions on her behalf. What legal document should be filled?

→ **Lasting Power of Attorney (LPA).**

**Key 2** An elderly ♀ patient with end-stage renal disease (EDRD) does not want to go to hospital due to extremely bad memories and experiences. She wishes to die in peace at home if she becomes ill. What legal documents need to be filled to ensure her wishes are followed?

→ **Advance Directive.**

If she becomes ill/ unresponsive, the paramedics would take her hospital unless she has a legal "Advance Directive" where it is written that she does not want to go to hospital if she becomes ill.

Advance Directive is written when a patient is competent, fully conscious and able to make decisions and used when he/ she becomes unable to make decisions for any reason.

Healthcare professionals (Doctors, Nurses, Paramedics...) are legally required to follow the advance directive.

**Key 3** A 91 YO ♀ patient is admitted with pneumonia and received treatment. She is now "Medically" fit for discharge. Nonetheless, her son refuses as he thinks it is not safe for her to be discharged as she is frail "weak" and not very mobile. The patient insists to go home. What should be done?

→ **Refer the patient for a fitness for discharge assessment ✓**

○ The first thing to note in the question is that she is "Medically" fit for discharge. This means that the condition that she was presented with has been treated and no further management in this regard is required. However, considerations other than medical status need to be put into

account before discharging such a very old, weak and immobile patient. This means “**full fitness assessment**” by **multiple teams** is needed.

### **☒ Why other answers are wrong?**

#### **◆ Assess the patient's mental capacity: (X)**

The problem here is not the mental capacity. The patient is very old, frail and not well mobile. Even if she has capacity, before discharging her, we need to assess her fitness and home care needs such as wheelchair. Discharging such patients home may not be safe for them. **Further actions are needed apart from the patients' wishes and decisions**. For the patient's safety and welfare back home, a full “**care package**” need to be ensured **before** discharge.

#### **◆ Discharge to a nursing home: (X)**

**Both** the **patient** and **her son** have to authentically request this in order to be considered.

#### **◆ Refer to hospice care: (X)**

This is usually made for patients with **terminal illnesses** (e.g. end-stage cancer) who need “**palliative care**”.

◆ **Discharge home and Involve social services: (X)**

Involving social services is **one requirement** in this case. However, we do not discharge such frail and unsafe patients unless a “**full fitness assessment**” is made by multiple teams such as social services, physiotherapists and occupational therapists. Afterwards, we can discharge home with the appropriate “**full package**” needs, not before that!

**Key 4** An 89 YO male in nursing home with Hx of prostate cancer with no current active treatment has developed confusion, polyuria and incontinence.

✓ **Suspect:** UTI “Urinary Tract Infection” and “Bone Metastasis”.

The first step → **Urine microscopy, culture and sensitivity**.

Also, if available in the options → **Check Serum Calcium**.

□ **Urinary Tract Infections (UTIs) are very common cause of Delirium in Elderly.**

□ Another possibility here is → Bone metastasis leading to  
→ hypercalcemia.

◻ Remember that Hypercalcemia manifestations are  
→ *thirst, confusion, depression, low moods, kidney stones, abdominal pain, constipation, bone pain*

**Key 5** An elderly male living in nursing home suffers from constipation. He is agitated and slightly confused. Rectal examination reveals impacted stool. What is the management?

- Impacted stool in rectum or sigmoid colon → **Phosphate Enema**.
- Hard stool but not impacted → Stool softeners.
- Constipation with soft stools → High fibre diet → Senna -stimulant laxative- (1<sup>st</sup> line), Lactulose or Macrogol (2<sup>nd</sup> line)
- Pregnancy with constipation → Lactulose (1<sup>st</sup> line).

**A man in care home on morphine develops difficulty in defecation. His fluid and diet intake are good. His stools are soft.**

→ **Senna** (another correct answer: **Stimulant Laxatives**).

✓ Remember, if soft stools, no impaction, fluid intake is good:

→ Senna (stimulant laxatives) is first line in general.

✓ Lactulose or macrogol is first line in pregnancy.

**Key 6**

◻ **ACUTE** onset (hours to days) of mood and behavioural changes + Hallucinations (mainly visual)

→ **Delirium**

◻ **Elderly, UTI**, developed confusion, **fluctuating** level of consciousness, and disoriented to time and place.

→ **Delirium**

✓ **Delirium** → Acute confusional state.

✓ It tends to occur **secondary to an ongoing infection** (e.g. UTI, Respiratory infections) especially in **elderly** patients. Look for fever, cough, dysuria ...etc.

**Key 7**

### **Notes on Urinary Catheter:**

✓ Long-term insertion of urinary catheter can lead to Bacteriuria “bacterial colonisation” (e.g., with E. coli).

◻ If the patient is **ASYMPTOMATIC**, just **change the catheter**.

◻ If there are **symptoms**, **start antibiotics**. Eg, trimethoprim/ ciprofloxacin.

✓ If the catheter is **obstructed** or **blocked**, a **bladder washout** is useful.

o **Caution:**

In pregnant woman, bacteriuria has to be treated EVEN if **Asymptomatic**.

Give → **Cefalexin** 500 mg BID for 10-15 days.

**Key 8** An elderly lady has recently been discharged from hospital due to lithium overdose (as she has bipolar disorder). She lives alone and can manage her daily activities such as cooking and cleaning. She also has dementia. However, her daughter believes that her mother often forgets that she took her lithium tablets and this is why she overtakes it. What should be done?

→ **Offer a multi-compliance compartment aid.**

A **multi-compartment compliance aid (MCA)** is a general term for a device designed to contain individual doses of medicines in separate compartments or blisters. MCA are sometimes referred to a monitored dosage system (MDS). There are a variety of types of devices available. These would be supplied by a pharmacy or dispensing doctor.



Example of multi-compartment compliance aid